

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN TRIPlicate
Other instructions on
reverse side

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)		5. LEASE DESIGNATION AND SERIAL NO. 14-20-H-62-3515
1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
2. NAME OF OPERATOR Coors Energy Company		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR POB 467 Golden, Colorado 80402		8. FARM OR LEASE NAME Ute Tribal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL, 1980' FEL Sec 20 SW NE		9. WELL NO. 2-20
14. PERMIT NO. 43-013-30882		10. FIELD AND POOL, OR WILDCAT Antelope Creek
15. ELEVATION (Show whether OF, RT, OR, etc.) 6404 GL		11. SEC., T., R., M., OR BLK. AND SUBSTRY OR AREA Sec 20 T5S, R3W USBM
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Notice of Spud		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

3/22/84 Spudded 12¼" hole at 8:45 am 3/22/84

3/23/84 to 3/24/84

Drilled to 400'. Ran in hole with 9 joints 8 5/8" 24#/ft casing.
Set at 380'. Cemented with 290 sacks Class G cement with 2% calcium chloride

3/25/84 to present

SI, Waiting on drilling rig.

RECEIVED

MAR 30 1984

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

[Signature]

TITLE

V. Pozzani

DATE

3-26-84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3515
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980'FNL, 1980'FEL, SW/4NE/4		8. FARM OR LEASE NAME Ute Tribal
14. PERMIT NO. 43-013-30882		9. WELL NO. 2-20
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6404'GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Progress Report</u> <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

4/6/84 MIRU Olsen Rig #2 and started drilling.

4/14/84 TD'd at 6694'. Landed 5½" casing at 6690'KB, cemented w/250 sks of cement plus 1200 sks of 50/50 pozmix. Released rig at midnight 4/15/84.

Presently WOCT.

18. I hereby certify that the foregoing is true and correct

SIGNED R. L. Martin TITLE V.P. Oil/Gas Operations DATE 4-30-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

5. LEASE DESIGNATION AND SERIAL NO.
14-20-H62-3515

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL ☒ GAS ☐
WELL WELL OTHER

RECEIVED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Ute Tribe

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Coors Energy Company

JUN 14 1984

8. FARM OR LEASE NAME
Ute Tribal

3. ADDRESS OF OPERATOR
PO Box 467, Golden, Colorado 80402

9. WELL NO.
2-20

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

DIVISION OF OIL
GAS & MINING

10. FIELD AND POOL, OR WILDCAT
Antelope Creek

1980'FNL, 1980'FEL, SW/4NE/4

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 20, T5S-R3W

14. PERMIT NO.
43-013-30882

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
6404'

12. COUNTY OR PARISH
Duchesne

13. STATE
Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATING

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Progress Report

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

4/14 to

5/29/84

WOCT.

5/30/84

Perf'd from 5775-79', 5827-31', 5851-53' w/2 SPF. Fraced w/790 bbls fluid, 44,000# 20/40 sand, 5,000# 10/20 sand.

5/31/84

Set 5-1/2" RBP at 5740', perf'd from 5684-88', 5697-5703' w/4 SPF. Fraced w/1288 BF, 91,000# 20/40 sand, 10,000# 10/20 sand.

6/1 to

6/7/84

Swabbed well

6/8/84

First day of production, started pumping at 4:00PM 6/8/84. Sales will be made to:

Getty Oil Company

PO Box 416

Roosevelt, Utah 84066

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE

V.P. O/G Operations

DATE

6-11-84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

RECEIVED
(See other instructions
on reverse side)

JUL 12 1984

56 64 01

COLD. OIL & GAS CONS. COMM.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR

Coors Energy Company

(303) 278-7030

3. ADDRESS OF OPERATOR

P0 Box 467, Golden, Colorado 80402

4. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements)

At surface 1980' FNL, 1980' FEL, SW/4NE/4

At top prod. interval reported below

same

At total depth

same

14. PERMIT NO.

DATE ISSUED

43-013-30882

10/30/83

15. DATE SPUDDED

3/22/84

16. DATE T.D. REACHED

4/14/84

17. DATE COMPL. (Ready to prod.)

6/8/84

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

6404' GL, 6417.5' KB

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

6694'

21. PLUG, BACK T.D., MD & TVD

6611'

22. IF MULTIPLE COMPL., HOW MANY? --

23. INTERVALS DRILLED BY

ROTARY TOOLS

0-6694'

CABLE TOOLS

no

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

5684-5853', Green River Formation

25. WAS DIRECTION SURVEY MADE

no

26. TYPE ELECTRIC AND OTHER LOGS RUN

CBL, CNL, DIL

27. WAS WELL CORDED

no

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24.00#	380' KB	12-1/4"	190 sx.	
5-1/2"	15.50#	6690' KB	7-7/8"	1450 sx.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-7/8"	5911' KB	
					EUE J55		

31. PERFORATION RECORD (Interval, size and number)

5775-79', 5827-31', 5851-53' w/2 SPF

5684-88', 5697-5703' w/4 SPF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5775-5853'	790 bbls gel wtr, 44,000# 20/40 sand, 5,000# 10/20 sand
5684-5703'	1288 bbls gel wtr, 91,000# 20/40 sand, 10,000# 10/20 sand

33.*

PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
6/8/84		Pumping, 2½" x 1½" x 16' rod pump				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
7/3/84	24	3/8"	→	28	62	---	2178
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
20	30	→	28	62	----	40+	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

TEST WITNESSED BY

Jim Simonton

35. LIST OF ATTACHMENTS

CBL, CNL, DIL

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED R. L. Martin

TITLE

V.P. O/G Operations

DATE

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 19: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
Green River:	1545'					
Green River: (Parachute Creek)	2958'					
Green River: (Garden Gulch)	3698'					
Green River: (Upper Douglas Creek)	4708'					

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN TRIPLED COPY
with instructions on
reverse side

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. ☒ OIL WELL ☒ GAS WELL ☐ OTHER Gas Compressor Site

2. NAME OF OPERATOR
Coors Energy Company

APR 02 1985

3. ADDRESS OF OPERATOR
P.O. Box 467, Golden, Colorado 80401

DIVISION OF OIL
GAS & MINING

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

5. LEASE DESIGNATION AND SERIAL NO.

6. INDIAN, ALLOTTEE OR TRIBE NAME

Ute Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Tribal

9. WELL NO.

2-20

10. FIELD AND POOL, OR WILDCAT

Antelope Creek

11. SEC., T., R., W., OR BLK. AND
SURVEY OR AREA

Sec. 20, T5S, R3W

12. COUNTY OR PARISH 13. STATE

Duchesne

Utah

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, OR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Gas Compressor Site

<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Approval is requested to clear and level a 400'x400' site in the NE $\frac{1}{4}$ of Sec. 20, T5S-R3W, Duchesne County, Utah. The proposed site will be improved by covering the site with shale rock. The site will be utilized as a gas compressor plant to gather field gas and compress it for sale in an existing Mountain Fuel line approximately 9 miles east. An archeological clearance has been performed and cleared through the BLM and BIA.

The site would also be used as a field office for our pumpers by incorporating a "doghouse" approximately 20'x8-10' wide. A schematic of the proposed site is included.

ACCEPTED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING

DATE 4/10/85
BY James A. Simonton

18. I hereby certify that the foregoing is true and correct

SIGNED James A. Simonton

TITLE Oil/Gas Supervisor

DATE 4/1/85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

RECEIVED

(Other instructions on reverse side)

OCT 11 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. -----	
2. NAME OF OPERATOR Coors Energy Company		10. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe	
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		8. FARM OR LEASE NAME Ute Tribal	
14. PERMIT NO. ----- 43-013-30882		9. WELL NO. ----- 2-20	
15. ELEVATIONS (Show whether of, ft., or, etc.) -----		10. FIELD AND POOL, OR WILDCAT Antelope Creek	
		11. SEC. T., R. M., OR S.W. AND SURVEY OR A.S.A. T5S-R3W, Secs 20 3-33	
		12. COUNTY OR PARISH Duchesne	
		13. STATE Utah	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐FULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

First day of Gas Production

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Our wells located in Antelope Creek Field, Duchesne County, Utah in T5S-R3W, Sections 3-33 were turned into the gas pipeline October 3, 1985.

The following is the list of wells which are now producing gas:

Ute Tribal 1-3, Section 3 ✓
 " 1-4 " 4 ✓
 " 1-5 " 5 ✓
 " 1-6 " 6 ✓
 " 1-7 " 7 ✓
 " 1-8 " 8 ✓
 " 2-9 " 9
 " 1-10 " 10
 " 2-7 " 7
 " 3-7 " 7
 " 1-18 " 18
 " 1-15 " 15
 " 1-16 " 16
 " 1-17 " 17
 " 1-19 " 19
 " 1-20 " 20

Ute Tribal 2-20, Section 20
 " 1-21 " 21
 " 1-28 " 28
 " 1-29 " 29
 " 1-30 " 30
 " 1-31 " 31
 " 1-32 " 32
 " 1-33 " 33
 " 3-4 " 4

Gas sales from the above wells are made to:
Grand Valley Gas Transmission Company
47 West 200 South, Suite 510
Salt Lake City, Utah 84101

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Director, O/G Operations

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

BALE IN FRONT OF ALL
(Other instructions on
reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3515
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
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14. PERMIT NO. 43-013-30882		9. WELL NO. 2-20
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		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Shut in Report	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

This well is presently shut in pending commencement of gas injection.

RECEIVED
MAY 13 1988

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE V.P. O/G Operations

DATE

5-10-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SEE INSTRUCTIONS ON
REVERSE SIDE

7

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3515
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980'FNL, 1980'FEL, SW/NE		8. FARM OR LEASE NAME Ute Tribal
5. DIVISION OF OIL, GAS & MINING		9. WELL NO. 2-20
10. FIELD AND POOL, OR WILDCAT Antelope Creek		11. SEC., T., R., M., OR BLK. AND SUBST OR AREA Sec. 20, T5S-R3W
14. PERMIT NO. 43-013-30882	15. ELEVATIONS (Show whether OF, BY, OR, OR, OR) 6404' GL	12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

This well is presently shut in pending commencement of gas injection.

18. I hereby certify that the foregoing is true and correct.

SIGNED

Larry Campbell

TITLE

Director, Energy Services

DATE

4-5-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SEE IN PROPER PLACE
Other instructions on
reverse side

7

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

3. LEASE DESIGNATION AND SERIAL NO

14-20-H62-3515

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Tribal

9. WELL NO.

2-20

10. FIELD AND POOL, OR WILDCAT

Antelope Creek

11. SEC., T., R., M., OR BLK. AND
SUBST OR AREA

Sec. 20, T5S-R3W

12. COUNTY OR PARISH

Duchesne

13. STATE

Utah

1. OIL WELL ☒ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Coors Energy Company

3. ADDRESS OF OPERATOR

PO Box 467, Golden, Colorado 80402

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

1980'FNL, 1980'FEL, SW/NE

14. PERMIT NO.

43-013-30882

15. ELEVATIONS (Show whether of, to, or, etc.)

6404'GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Shut in Report

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐
☐
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

This well is presently shut in pending commencement of gas injection.

OIL & GAS	
	RJF
	GLH
	SLS
1-TAS	<input checked="" type="checkbox"/>
2- MICROFILM	<input checked="" type="checkbox"/>
3- FILE	<input checked="" type="checkbox"/>

18. I hereby certify that the foregoing is true and correct

SIGNED

Larry Campbell
Larry Campbell

TITLE

Director, Energy Services

DATE

12/21/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMITTEE OF APPROVAL, IF ANY:

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS <small>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)</small>		3. LEASE DESIGNATION & SERIAL NO. 14-20-H62-3515	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Shut in		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe	
2. NAME OF OPERATOR Coors Energy Company		7. UNIT AGREEMENT NAME ----	
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		8. FARM OR LEASE NAME Ute Tribal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL, 1980' FEL, SW/NE At proposed prod. zone same		9. WELL NO. 2-20	
14. API NO. 43-013-30882		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6404' GL	
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data		10. FIELD AND POOL, OR WILDCAT Antelope Creek	
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/>
APPROX. DATE WORK WILL START _____		DATE OF COMPLETION _____	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

* Must be accompanied by a cement verification report.

This well was shut in 10/25/87, the well was approved by the Utah Board of Oil, Gas and Mining to use as a gas injection well in 1987, the well continues to be shut in pending commencement of gas injection.

18. I hereby certify that the foregoing is true and correct.

SIGNED

D.S. Streng
D.S. Streng

TITLE

Manager, Eng/Operations

DATE

1-4-91

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

Case Designation and Serial Number

14-20-H62-3515

7. Indian Allottee or Tribe Name

Ute Tribe

8. Unit or Communitization Agreement

9. Well Name and Number

Ute Tribal 2-20

10. API Well Number

43-013-30882

11. Field and Pool, or Wildcat

Antelope Creek

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other (specify) Well shut in

2. Name of Operator

Coors Energy Company

3. Address of Operator

PO Box 467, Golden, Colorado 80402

4. Telephone Number
(303)278-7030

5. Location of Well

Footage :

QQ, Sec, T., R., M. : Sec 20 T 55, R 24

County : Duchesne

State : UTAH

12. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENT
(Submit in Duplicate)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Multiple Completion | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Other _____ | |

Approximate Date Work Will Start _____

SUBSEQUENT REPORT
(Submit Original Form Only)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment * | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Other _____ | |

ANNUAL STATUS REPORT

Date of Work Completion 1991-1992

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.

* Must be accompanied by a cement verification report.

13. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Note that the Ute Tribal 2-20 well was shut in on 10/25/87 as it was uneconomical to produce. This well has been approved for use as a gas injection well by the Utah Board of Oil, Gas and Mining in 1987, but the well continues to be shut in pending commencement of gas injection.

This well is presently being considered for a workover as a gas injection well or P&A.

RECEIVED

FEB 14 1992

DIVISION OF
OIL GAS & MINING

14. I hereby certify that the foregoing is true and correct

Name & Signature

D.S. Sprague R.R.

(State Use Only)

D.S. Sprague

Manager -

Title Engineering/Operations 2/7/92

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells.
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

1. Type of Well: OIL ☒ GAS ☐ OTHER:

2. Name of Operator: EVERTSON OIL COMPANY, INC.

3. Address and Telephone Number:
P.O. Box 397, Kimball, NE 69145 308-235-4871

4. Location of Well
Footage: 1980' FNL & 1980' FEL
DQ Sec. T.R.M.: SWNE 20-T5S-R3W, U.S.M.

5. Lease Designation and Serial Number:
14-20-H62-3515

6. If Indian, Allocated or Tribe Name:
UTE TRIBAL

7. Unit Agreement Name:
N/A

8. Well Name and Number:
Ute Tribal 2-20

9. API Well Number:
43-013- 30882

10. Field and Pool, or Wildcat:
Antelope Creek Field
Green River Pool

County: DUCHESNE
State: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENT
(Submit in Duplicate)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Multiple Completion | <input type="checkbox"/> Water Shut-Off |
| <input checked="" type="checkbox"/> Other CHANGE OF OPERATOR | |

Approximate date of change 3-1-94

SUBSEQUENT REPORT
(Submit Original Form Only)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Other | |

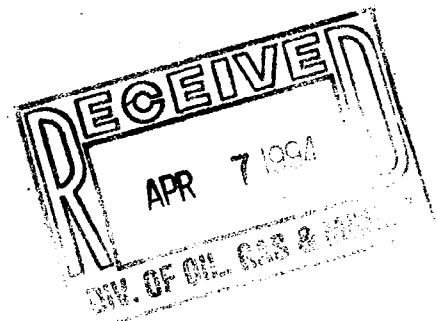
Date of work completion

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.

* Must be accompanied by a cement verification report.

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

change of operator from Evertson Oil Company, Inc. to Petroglyph Operating Company, Inc. effective 3-1-94



13.

Name & Signature: EVERTSON OIL COMPANY, INC.

Title: V. President

Date: 2-25-94

BRUCE F. EVERTSON

(This space for State use only)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

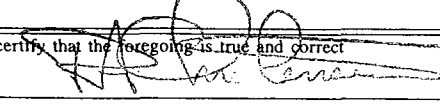
1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	5. Lease Designation and Serial No. 14-20-H62-3515
2. Name of Operator Petroglyph Operating Company, Inc.	6. If Indian, Allottee or Tribe Name Ute Indian Tribe
3. Address and Telephone No. 6209 N. Highway 61 Hutchinson, KS 67502 (316) 665-8500	7. If Unit or CA, Agreement Designation 14-20-H62-4650
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SWNE 1980 FNL & 1980 FEL 20-5S-3W	8. Well Name and No. Ute Tribal 2-20
	9. API Well No. 43-013-30882
	10. Field and Pool, or Exploratory Area Antelope Creek
	11. County or Parish, State Duchesne County, UT

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input checked="" type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other <u>well name change</u>	<input type="checkbox"/> Dispose Water
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

In an effort to bring all of the existing wells and the anticipated wells to be drilled into a uniform numbering system, based on 40 acre locations, each well name will be changed to consist of its section location followed by the correct number of its well spot, based upon 16 wells per section.

Petroglyph Operating Company, Inc. would like to notify by subsequent report that the above referenced well name has been changed to Ute Tribal 20-07. This will be effective January 1, 1996.

14. I hereby certify that the foregoing is true and correct		
Signed 	Title President	Date 1/25/96
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT" for such proposals

SUBMIT IN TRIPLICATE

5. Lease Designation and Serial No.
14-20-H62-3515

6. If Indian, Allottee or Tribe Name
Ute Indian Tribe

7. If Unit or CA, Agreement Designation
14-20-H62-4650

8. Well Name and No.
Ute Tribal 20-07

9. API Well No.
43-013-30882

10. Field and Pool, or Exploratory Area
Antelope Creek

11. County or Parish, State
Duchesne County, UT

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Petroglyph Operating Company, Inc.

3. Address and Telephone No.
P.O. Box 1839, Hutchinson, KS 67504-1839; (316) 665-8500

4. Location of Well (Footage, Sec., T., R., or Survey Description)

**SWNE Sec. 20-T5S-R3W
1980' FNL 1980' FEL**

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other _____
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☒ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Petroglyph Operating Company, Inc. has submitted an application for a UIC permit to convert the Ute Tribal 20-07 from a producing well to an injection well under the EPA Area Permit #UT2736-00000 within the Antelope Creek Waterflood Project Area located in Duchesne County, Utah.

**Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY**

RECEIVED

SEP 14 1991

**DIVISION OF
OIL, GAS AND MINING**

14. I hereby certify that the foregoing is true and correct.

Signed *M. H. [Signature]* Title **Operations Coordinator**

Date **8-23-90**

(This space for Federal or State official use)

Approved by _____ Title _____

Date _____

Conditions of Approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter in its jurisdiction.

*See Instruction on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

OCT 23 2006

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well
☐ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator Petroglyph Operating Company, Inc.

3a. Address
P. O. Box 607 Roosevelt, Utah 840663b. Phone No. (include area code)
435-722-5304

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL 1980' FEL SWNE SEC 20, T5S, R3W

5. Lease Serial No.
1420H6230386. If Indian, Allottee or Tribe Name
Ute Indian Tribe7. If Unit or CA/Agreement, Name and/or No.
1420H6246508. Well Name and No.
Ute Tribal 20-079. API Well No.
430133088210. Field and Pool, or Exploratory Area
Antelope Creek11. County or Parish, State
Duchesne County Utah

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

This well is currently inactive and will be utilized as an injector or producer in a waterflood. We are currently waterflooding the Green River sands in Antelope creek and are still in a development mode. Antelope Creek waterfloods are marginally economic; however, the economics are unfavorable should we have to plug as existing well only to turn around and drill another well in its place. These additional costs will prohibit the exploration of Tribal minerals that have been shown to be profitable. We request a one year extension of TA status.

TA Status Approved
For 12 Month Period

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Steve Wall

Title Manager

Signature

Steve Wall

Date

10/18/2006

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Petroglyph Operating Company, Inc.
Petroleum Engineer

Office

APR 16 2007

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

RECEIVED

MAR 08 2007
DIVISIONS OF APPROVAL ATTACHED

DIV. OF OIL, GAS & MINING

OPERATOR

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator **Petroglyph Operating Company, Inc.**

3a. Address
P. O. Box 607 Roosevelt, UT 84066

3b. Phone No. (include area code)
435-722-5304

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL 1980' FEL SWNE Sec 20, T5S, R3W

5. Lease Serial No.
1420H623515

6. If Indian, Allottee or Tribe Name
Ute Indian Tribe

7. If Unit or CA/Agreement, Name and/or No.
1420H624650

8. Well Name and No.
Ute Tribal 20-07

9. API Well No.
4301330882

10. Field and Pool, or Exploratory Area
Antelope Creek

11. County or Parish, State
Duchesne County, UT

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Per Condition of Approval for Temporarily Abandon Request we have performed a Mechanical Integrity Test on the Ute Tribal 20-07 June 12, 2008. Shut-in surface pressure of 500 psi was maintained for 30 minutes with less than a 10% drop in pressure. Packer is set at 5575'. Please find attached chart and well bore diagram.

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Patti Cox

Title **Manager**

Signature

Patti Cox

Date

06/13/2008

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title

Date

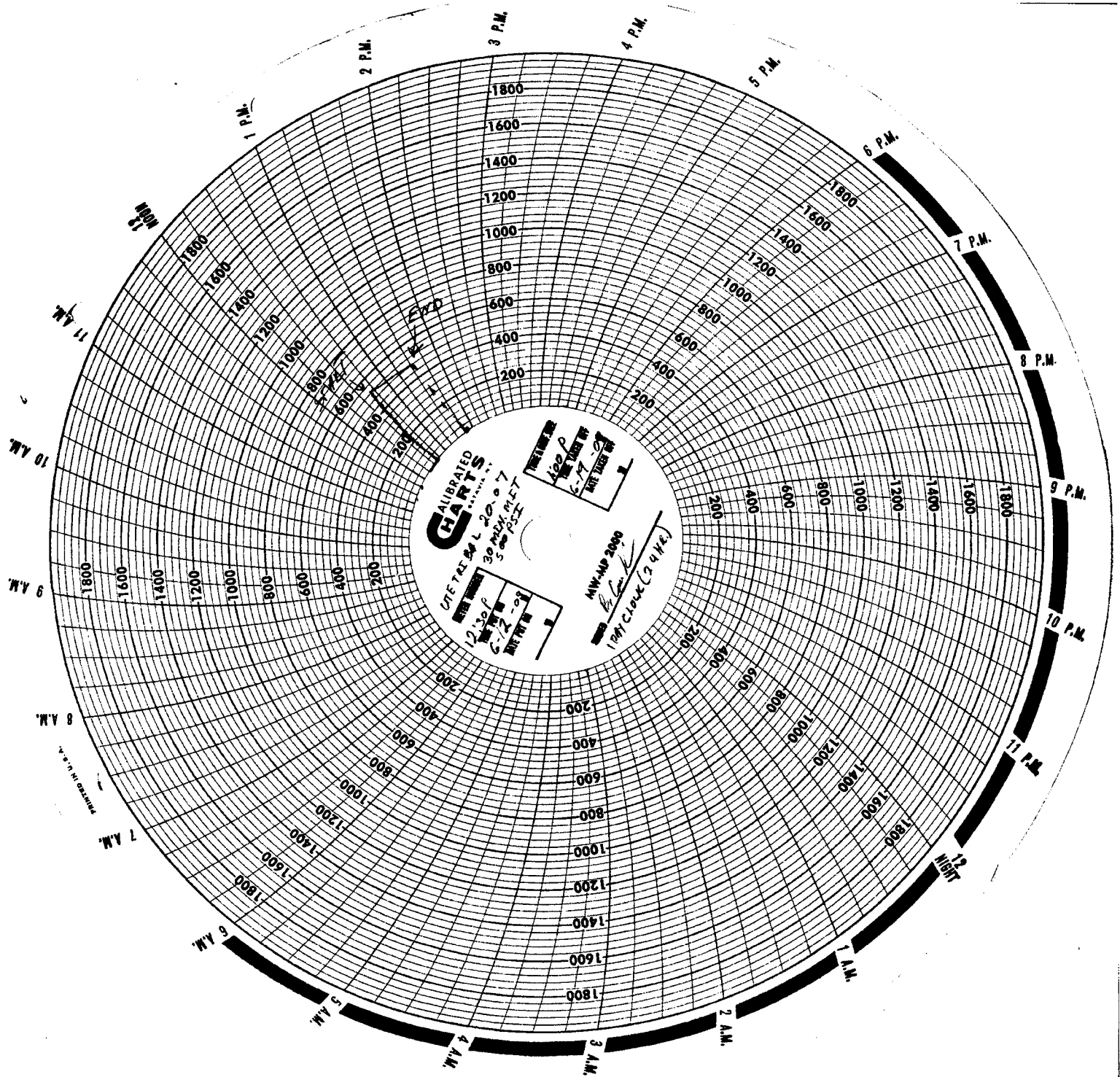
Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within the jurisdiction.

(Instructions on page 2)

RECEIVED
MAR 16 2011

DIV. OF OIL, GAS & MINING



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
14-20-H62-3515

6. If Indian, Allottee or Tribe Name
UTE TRIBE

SUBMIT IN TRIPLICATE - Other instructions on page 2.

7. If Unit of CA/Agreement, Name and/or No.
14-20-H62-4650

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.
UTE TRIBAL 20-07

2. Name of Operator
PETROGLYPH

9. API Well No.
43-013-30882

3a. Address
BOX 607
ROOSEVELT, UTAH 84066

3b. Phone No. (include area code)
435-722-2531

10. Field and Pool or Exploratory Area
ANTELOPE CREEK

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980 FNL & 1980' FEL SWINE SEC. 20 5S-3W

11. Country or Parish, State
DUCHESE COUNTY, UTAH

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input checked="" type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

This well is currently in T. A. status. On or about 1/3/11 Petroglyph intends to move a rig on this well and perf. and frac. same formation -additional in zone Green River intervals:

B10@ 4442'-4452' & B11@ 4474'-4476' & C3.2@ 4666'-4670' & C4@ 4714'-4725' & C5.2@ 4762'-4764' & C6@ 4886'-4893' & D8@ 5383'-5388' & D9@ 5449'-5452' all shots 90" 4spf. .42 Dia. deep penetrating

Frac. will be Halliburton 20/40 mesh with 15# Delta 140 fluid and 10# Waterfrac G.

Well will be returned to production via rod pump approx. 1/10/11. Recompleat report to follow.

RECEIVED
JAN 27 2011
BY: [Signature]

RECEIVED

DEC 13 2010

BLM VERNAL, UTAH

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
Boyd Cook

Title Rig Rep

Signature [Signature]

Date 12/03/2010

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by [Signature]

Acting Assistant Field Manager
Lands & Mineral Resources

DEC 22 2010

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office VERNAL FIELD OFFICE

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make any statement or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

OPERATOR

RECEIVED
MAR 16 2011
DIV. OF OIL, GAS & MINING

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3515
6. IF INDIAN, ALLOTTEE OR TRIBE NAME: UTE TRIBE
7. UNIT or CA AGREEMENT NAME: 14-20-H62-4650
8. WELL NAME and NUMBER: UTE TRIBAL 20-07
9. API NUMBER: 4301330882
10. FIELD AND POOL, OR WILDCAT: ANTLELOPE CREEK

1. TYPE OF WELL OIL WELL ☒ GAS WELL ☐ OTHER _____

2. NAME OF OPERATOR:
PETROGLYPH OPERATING COMPANY

3. ADDRESS OF OPERATOR:
PO BOX 607 CITY ROOSEVELT STATE UT ZIP 84066

PHONE NUMBER:
(435) 722-2531

4. LOCATION OF WELL

FOOTAGES AT SURFACE: 1980 FNL & 1980

COUNTY: DUCHESNE

QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SWNE 20 5S 3W

STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input checked="" type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input checked="" type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: _____	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

This well is currently in TA status. On or about 1/3/11 Petroglyph intends to move a rig on this well and perf. and frac. same formation- additional zone intervals:
B10@ 4442', B11 @ 4474', C3.2@ 4666'-4670, C4@ 4714'-4725, C5.2@ 4762'-4764', C6@ 4886'-4893', D8@ 5383'-5388', & D9@ 5449'-5452' all shots 90* 4spf. .42 Dia. deep penetrating
Fracs will be Haliburton 20/40 mesh with 15# Delta 140 fluid and 10# Waterfrac G.
Well will be returned to production via rod pump approx. 1/10/11. Recompletion report to follow.

NAME (PLEASE PRINT) Boyd Cook

TITLE Rig Rep

SIGNATURE _____

DATE 12/3/2010

(This space for State use only)

RECEIVED

MAR 1 6 2011

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
1420H623515

6. If Indian, Allottee or Tribe Name
UTE INDIAN TRIBE

SUBMIT IN TRIPLICATE - Other instructions on page 2.

7. If Unit of CA/Agreement, Name and/or No.
1420H624650

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
PETROGLYPH OPERATING CO.

8. Well Name and No.
UTE TRIBAL 20-07

3a. Address
PO BOX 607 ROOSEVELT, UT 84066

3b. Phone No. (include area code)
Ph: 435-722-2531 Fx: 435-722-9145

9. API Well No.
43-013-30882

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec. 20 T5S R3W SW/NE 1980'FNL 1980'FEL

10. Field and Pool or Exploratory Area
ANTELOPE CREEK

11. Country or Parish, State
DUCHESNE COUNTY, UTAH

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

This well is currently inactive due to the current open interval being uneconomic to produce. This well will be utilized as either a producer or injector in a waterflood. We are currently waterflooding the Green River sands in Antelope Creek and are still in a development mode. Antelope Creek waterfloods are marginally economic; however, the economics are unfavorable should one have to plug an existing well only to turn around and drill another well in its place. These additional costs will prohibit the exploration of Tribal minerals that have been shown to be profitable in analog fields (Antelope Creek and Monument Butte). We request a continued TA status of one year.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Signature

Title

Date

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

RECEIVED

MAR 16 2011

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(Instructions on page 2)

DIV. OF OIL, GAS & MINING

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

5. LEASE DESIGNATION AND SERIAL NUMBER:
14-20-H62-3515

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
UTE TRIBE

7. UNIT or CA AGREEMENT NAME:
14-20-H62-4650

8. WELL NAME and NUMBER:
UTE TRIBAL 20-07

9. API NUMBER:
4301330882

10. FIELD AND POOL, OR WILDCAT:
ANTLELOPE CREEK

1. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ OTHER _____

2. NAME OF OPERATOR:
PETROGLYPH OPERATING COMPANY

3. ADDRESS OF OPERATOR:
PO BOX 607 CITY ROOSEVELT STATE UT ZIP 84066

PHONE NUMBER:
(435) 722-2531

4. LOCATION OF WELL

FOOTAGES AT SURFACE: 1980 FNL & 1980

COUNTY: DUCHESNE

QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SWNE 20 5S 3W

STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input checked="" type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input checked="" type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: _____	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

This well was in TA status. On 1/3/11 Petroglyph moved a rig on this well and perf. and frac. same formation- additional zone intervals: B10@ 4442', B11 @ 4474', C3.2@ 4666'-4670, C4@ 4714'-4725, C5.2@ 4762'-4764', C6@ 4886'-4893', D8@ 5383'-5388', & D9@ 5449'-5452' all shots 90° 4spf. .42 Dia. deep penetrating
Fracs will be Haliburton 20/40 mesh with 15# Delta 140 fluid and 10# Waterfrac G.
All plugs were drilled out to PBTD- Swab to clean up- Placed on production on 1/17/2011.

NAME (PLEASE PRINT) Leon Roush

TITLE Rig Rep

SIGNATURE _____

DATE 3/14/2011

(This space for State use only)

RECEIVED

MAR 16 2011

DIV. OF OIL, GAS & MINING

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

5. LEASE DESIGNATION AND SERIAL NUMBER:
14H623515

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
UTE INDIAN TRIBE

7. UNIT or CA AGREEMENT NAME:
14H624650

8. WELL NAME and NUMBER:
UTE TRIBAL 20-07

9. API NUMBER:
4301330882

10. FIELD AND POOL, OR WILDCAT:
ANTELOPE CREEK FIELD

1. TYPE OF WELL

OIL WELL ☒

GAS WELL ☐

OTHER _____

2. NAME OF OPERATOR:

PETROGLYPH OPERATING COMPANY

3. ADDRESS OF OPERATOR:

PO BOX 607

CITY ROOSEVELT

STATE UT

ZIP 84066

PHONE NUMBER:

(435) 722-2531

4. LOCATION OF WELL

FOOTAGES AT SURFACE: 1980' FNL, 1980' FEL

COUNTY: DUCHESNE

QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SW/N 20 5S 3W U

STATE:

UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: _____	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input checked="" type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

DATE OF FIRST PRODUCTION FOR THIS WELL WAS ON 1/17/2011

NAME (PLEASE PRINT) GLENDA DAVIS

TITLE OFFICE MANAGER

SIGNATURE

DATE 3/15/2011

(This space for State use only)

RECEIVED
MAR 16 2011
DIV. OF OIL, GAS & MINING

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SEE INSTRUCTIONS ON
REVERSE SIDE

081506

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3515
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1950'FWL, 2050'FNL, SE/4NW/4		8. FARM OR LEASE NAME Ute Tribal
14. PERMIT NO. 43-013-31175		9. WELL NO. 3-20
15. ELEVATIONS (Show whether OF, AT, OR VIA) 6442'GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ADA Sec. 20, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

REPAIRING WELL

SHOOTING OR ACIDIZING

ALTERING CASING

(Other) Spud Date

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
(Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

8/8/86 Spudded well this date w/Leon Ross rathole rig, spudded at 10:00AM.

8/9/86 RIH w/8 jts 8-5/8" 24.00# J55 STC casing w/GS and 2 centralizers, landed casing at 317', cemented w/200 sx. Class G cement w/2% CACL, 1/4#/sx. floseal.

8/10 to

8/11/86 RU Olsen Rig #2, preparing to commence drilling w/Olsen Rig #2 today.

RECEIVED
AUG 14 1986

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Nolme

TITLE Petroleum Engineer

DATE

8/12/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMITTEE OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

082832

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3515	
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe	
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1950'FWL, 2050'FNL, SE/4NW/4		8. FARM OR LEASE NAME Ute Tribal	
14. PERMIT NO. 43-013-31175		9. WELL NO. 3-20	
15. ELEVATIONS (Show whether SF, RT, OR, etc.) 6442'GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T5S-R3W	
		12. COUNTY OR PARISH Duchesne	13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

REPAIRING WELL

☐
☐
☐
☐

SHOOTING OR ACIDIZING

ALTERING CASING

(Other)

ABANDONMENT*

Progress Report

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

8/11/86 Started drilling w/Olsen Rig #2.

8/12 to
8/19/86 Drilled to TD of 6700'.

8/20/86 TD 6700', RIH w/151 jts 5-1/2" 15.50# J55 casing, set at 6025', cemented w/1000 sx. 50/50 pozmix, 300 sx. light cement. Released Olsen Rig #2 8/20/86.

8/21/86 WOCT.

RECEIVED
AUG 25 1986DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE

V.P. O/G Operations

DATE

8-22-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMITTEE OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

100722

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3515	
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTED OR TRIBE NAME Ute Tribe	
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME ----	
4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements. See also space 17 below.) At surface 1950'FWL, 2050'FNL, SE/4NW/4		8. FARM OR LEASE NAME Ute Tribal	
16. PERMIT NO. 43-013-31175		9. WELL NO. 3-20	
17. ELEVATIONS (Show whether SP, ST, OR, etc.) 6442'GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T5S-R3W	
		12. COUNTY OR PARISH, 13. STATE Duchesne Utah	

RECEIVED
OCT 02 1986DIVISION OF
OIL, GAS & MINING

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

8/21 to

9/11/86

WOCT.

9/12/86

MIRU B&B Well Service, started completion work by perfing the following: 5878, 76, 75, 74, 72, 48, 46, 44, 43, 42, 40; 5791, 90, 89, 17, 16, 15, 06, 05; 5704' totaling 20 shots. Broke down w/35 ball sealers, and fraced w/54,000 gals X-link gel water, 75,000# 20/40 sand and 15,000# 10/20 sand.

9/13 to

9/22/86

Swabbed well back.

9/23/86

Perf'd second zone from 4994-5002', 4736-4741', 4404-4406', 4398-4400' w/20 shots. Broke down w/ball sealers and production water.

9/24 to

9/25/86

Fraced well from 5002-4400' w/1516 bbls X-link gel, 136,000# 20/40 sand and 15,000# 10/20 sand.

9/26/86

Flowing well after frac.

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE V.P. O/G Operations

DATE

9-26-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMENTS OF APPROVAL, IF ANY:

101523

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

Dreg

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3515	
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe	
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME ----	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1950'FWL, 2050'FNL, SE/4NW/4		8. FARM OR LEASE NAME Ute Tribal	
5. DIVISION OF OIL, GAS & MINING		9. WELL NO. 3-20	
10. FIELD AND POOL, OR WILDCAT Antelope Creek		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T5S-R3W	
14. PERMIT NO. 43-013-31175	15. ELEVATIONS (Show whether SF, RT, GR, etc.) 6442' GL	12. COUNTY OR PARISH Duchesne	13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
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☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

REPAIRING WELL

☐
☐
☐
☐

SHOOTING OR ACIDIZING

ALTERING CASING

(Other) First day of Production

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

10/3/86 FIRST DAY OF PRODUCTION: started pumping at 4:30PM this day.

Sales from this well will be made to the following:


Oil:

Gas:

Texaco Trading & Transportation
PO Box 5568
Denver, Colorado 80217Coors Energy Company
PO Box 467
Golden, Colorado 80402

18. I hereby certify that the foregoing is true and correct

SIGNED


R. L. Martin

TITLE

V.P. O/G Operations

DATE

10-6-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CERTIFY OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SEAL IN TRIPLICATE
(other instructions on
reverse side)

101616

3. LEASE DESIGNATION AND SERIAL NO.

14-20--H62-3515

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Tribal

9. WELL NO.

3-20

10. FIELD AND POOL, OR WILDCAT

Antelope Creek

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 20, T5S-R3W

12. COUNTY OR PARISH

Duchesne

13. STATE

Utah

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Coors Energy Company

3. ADDRESS OF OPERATOR

P.O. Box 467, Golden, Colorado 80402

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1950'FWL, 2050'FNL, SE/4NW/4

14. PERMIT NO.

43-013-31175

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

6442' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Site Facility Security Plan

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

This recently completed well is commingled with production from the Ute Tribal 2-20 well and utilizes those facilities located at the 2-20 wellsite. Attached is a facility diagram and security plan of the Ute Tribal 2-20. All security measures will pertain to the Ute Tribal 3-20 that are given to the Ute Tribal 2-20.

RECEIVED
OCT 15 1986

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN TRIPLED COPY
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3515
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1950'FWL, 2050'FNL, SE/4NW/4		8. FARM OR LEASE NAME Ute Tribal
14. PERMIT NO. 43-013-31175		9. WELL NO. 3-20
15. ELEVATIONS (Show whether SP, RT, OR, etc.) 6442'GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek
		11. SEC., T., R., OR BLK. AND SURVEY OR AREA Sec. 20, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
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FRACTURE TREATMENT

REPAIRING WELL

☐
☐
☐
☐
☐

SHOOTING OR ACIDIZING

ALTERING CASING

(Other)

ABANDONMENT*

First Production

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

First day of production: 10/3/86 - started pumping at 4:30PM this day.

Sales from this well will be made to the following:

OIL:

Texaco Trading & Transportation
PO box 5568
Denver, Colorado 80217

GAS:

Coors Energy Company
PO Box 467
Golden, Colorado 80402

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE

V.P. O/G Operations

DATE

10-16-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMITTEE OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN TRIPLED COPY
(Other instructions on reverse side)

102331-Drq.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3515
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1950'FWL, 2050'FNL, SE/4NW/4		8. FARM OR LEASE NAME Ute Tribal
14. PERMIT NO. 43-013-31175		9. WELL NO. 3-20
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 6442'GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 20, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

RECEIVED
OCT 22 1986

DIVISION OF
OIL, GAS & MINING

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐

First Production
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

First day of production: 10/3/86 - started pumping at 4:30PM this day.

Sales from this well will be made to the following:

OIL:

Texaco Trading & Transportation
PO box 5568
Denver, Colorado 80217

GAS:

Coors Energy Company
PO Box 467
Golden, Colorado 80402

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE

V.P. O/G Operations

DATE

10-16-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

102341

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

3. LEASE DESIGNATION AND SERIAL NO.

14-20-H62-3515

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Tribe

7. UNIT AGREEMENT NAME

5. FARM OR LEASE NAME

Ute Tribal

9. WELL NO.

3-20

10. FIELD AND POOL, OR WILDCAT

Antelope Creek

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec. 20, T5S-R3W

12. COUNTY OR
PARISH

Duchesne

13. STATE

Utah

19. ELEV. CASINGHEAD

23. INTERVALS
DRILLED BY

0-6700'

24. CABLE TOOLS

25. WAS DIRECTIONAL
SURVEY MADE

no

27. WAS WELL CORED

no

14. PERMIT NO.

43-013-31175

DATE ISSUED

7/16/86

13. DATE SHUDDER

8/8/86

16. DATE T.D. REACHED

8/19/86

17. DATE COMPL. (Ready to prod.)

10/1/86

18. ELEVATIONS (OF, RER, RT, OR, ETC.)*

6442' GL

20. TOTAL DEPTH, MD & TVD

6700'

21. PLUG, BACK T.D., MD & TVD

5934'

22. IF MULTIPLE COMPL.
HOW MANY*

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

4398-5878', Green River

26. TESTS ELECTRIC AND OTHER LOGS RUN

CBL, DIL, CNL

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	MOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24.00#	317'	12-1/4"	200 sx.	
5-1/2"	15.50#	6700'	1-7/8"	1300 sx.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-7/8"	5903'	
					EUE-8RD		

31. PERFORATION RECORD (Interval, size and number)

5878, 76, 75, 74, 72, 48, 46, 44, 43, 42, 40;
5791, 90, 89, 17, 16, 15, 06, 05; 5704'4994-5002', 4736-4741', 4404-4406', 4398-
4400'

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5878-5704'	75,000# 20/40 sand, 15,000#
	10/20 sand, 1542 bbls gel wtr.
5002-4398'	1516 bbls gel wtr, 136,000#
	20/40 sand, 15,000# 10/20 sand

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
10/3/86		Pumping, 2-1/2" x 1-1/4" x 15-1/2' rod pump				Producing	
DATE OF TEST	MOCKS TESTED	CHOKER SIZE	PROD'N. FOR TEST PERIOD	OIL—BSL	GAS—MCP.	WATER—BSL	GAS-OIL RATIO
10/11/86	24	---	→	78	25	3	320:1
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BSL	GAS—MCP.	WATER—BSL	OIL GRAVITY-API (CORR.)	
30	40	→	78	25	3	32+	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Sold

TEST WITNESSED BY

Jim Simonton

35. LIST OF ATTACHMENTS

one each of the above listed logs

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

R. L. Martin

TITLE

V.P. O/G Operations

DATE 10-20-86

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on Items 22 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 85.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 23. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
en River:	1560'					
en River ranchise Creek):	2986'					
en River arden Gulch):	3688'					
en River er Douglas ek):	4704'					

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SL (Instructions on reverse side)
TRIPPLICATE

111019

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3508	
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe	
3. ADDRESS OF OPERATOR Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME _____	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1950' FWL, 2050' FNL, SE/4NW/4.		8. FARM OR LEASE NAME Ute Tribe	
14. PERMIT NO. 43-013-31175		9. WELL NO. 3-20	
15. ELEVATIONS (Show whether OP, RT, GR, etc.) ✓ 6442' GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 20, T5S-R3W	
		12. COUNTY OR PARISH Duchesne	13. STATE Utah

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/> Commingle Production	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Permission is hereby requested to commingle the Ute Tribal 3-20 well with the existing Ute Tribal 2-20 well. Surface facilities are located at the Ute Tribal 2-20. The Ute Tribal 3-20 is a recently completed well & is on the same lease as the Ute Tribal 2-20. Gas measurement metering & production separation equipment is in operation at the 2-20. The 3-20 would be commingled into the 2-20 via a surface 3" flowline, 2-1½" trace lines & a 1" gas return line. The line would follow the existing lease road & conform to tan colored jacket standards. It would be economically advantageous to allow the commingling of the wells & is an accepted practice in the Antelope field. Your concurrence is requested.

RECEIVED
NOV 06 1986

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING

DATE

*See Instructions on Reverse Side

CONDITIONS OF APPROVAL, IF ANY:
Federal approval of this action
is required before commencing
operations.

BY

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen, or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		JUN 17 1988	
2. NAME OF OPERATOR Coors Energy Company		DIVISION OF OIL, GAS & MINING	
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3508	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1950'FWL, 2050'FNL, SE/NW		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe	
16. PERMIT NO. 43-013-31175		7. UNIT AGREEMENT NAME ----	
18. ELEVATIONS (Show whether SP, RT, OR, etc.) 6442'GL		8. FARM OR LEASE NAME Ute Tribal	
		9. WELL NO. 3-20	
		10. FIELD AND POOL, OR WILDCAT Antelope Creek	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T5S-R3W	
		12. COUNTY OR PARISH Duchesne	
		13. STATE Utah	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐FULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐

Recompletion Report

(NOTE: Report results of multiple completion on Well
(Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

6/1/88 MIRU General Well Service to recomple new interval as follows:

6/2/88 Set RBP at 4360', perf'd from 4262-4288' w/4 SPF totaling 104 holes.

6/3/88 Fraced above interval w/3% KCL X-link gel water w/120,000# sand (108,000# 20/40 mesh and 12,000# of 16/30 mesh. Total water 1271 bbls.

6/4 to

6/8/88 Swabbed well back. RIH w/2-7/8" tubing set at 4284' KB. RIH w/2-1/2" x 1-1/4" x 16' top hold down pump and 114 3/4" and 55 7/8" rods. Resumed pumping at 11:00AM 6/9/88.

Presently pump testing.

OH AND GAS	
DRN	RJF
JRB	GLH
DTS	SLS
MTAS	
2 - MICROFILM	✓
3 - FILE	

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE

V.P. O/G Operations

DATE

6-14-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

UNIT IN UNIFORM ALL
(Other instructions on
reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3508
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1950' FWL, 2050' FNL, SE/NW		8. FARM OR LEASE NAME Ute Tribal
14. PERMIT NO. 43-013-31175		9. WELL NO. 3-20
15. ELEVATIONS (Show whether of, to, or, etc.) 6442' GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Recompletion Report

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

6/9 to

6/20/88 Pump tested new interval from 4262-4288'.

MIRU B&B Well Service to pull RBP at 4360' and put back on production.

6/21 to

6/23/88 Cleaned out well. POH w/RBP, RIH w/tubing, set tubing tail at 5820', RIH w/2-1/2" x 1-1/4" x 16' top hold down pump, 155 3/4" and 76 7/8" rods.

Resumed rod pumping at 5:00PM 6/23/88. RDMO B&B Well Service.

Presently pump testing old and new interval.

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE V.P. O/G Operations

DATE

6-28-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMENTS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN DUPLICATE*
 (See other instructions
 on reverse side)

56 64 01

6

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐

b. TYPE OF COMPLETION:

NEW WELL ☐ WORK OVER ☒ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐

2. NAME OF OPERATOR

Coors Energy Company

3. ADDRESS OF OPERATOR

PO Box 467, Golden, Colorado 80402

DIVISION OF
OIL, GAS & MINING

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1950'FWL, 2050'FNL, SE/NW

At top prod. interval reported below

same

At total depth

same

14. PERMIT NO.

DATE ISSUED

43-013-31175

7/16/86

15. DATE SPUDDED

8/8/86

16. DATE T.D. REACHED

8/19/86

17. DATE COMPL. (Ready to prod.)

6/23/88

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*

6442'GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

6700'

21. PLUG, BACK T.D., MD & TVD

5956'

22. IF MULTIPLE COMPL.,
HOW MANY*

23. INTERVALS
DRILLED BY

----->

ROTARY TOOLS

0-6700'

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

4262-5878', Green River

25. WAS DIRECTIONAL
SURVEY MADE

no

26. TYPE ELECTRIC AND OTHER LOGS RUN

On original Well Completion Report

27. WAS WELL CORED

29. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
On original	Well Completion				

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-7/8"	5820'	
					EUE 8RD		

31. PERFORATION RECORD (Interval, size and number)

4262-88' w/4 SPF totaling 104 holes
23 gram charges

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4262-88'	120,000# sand, 1271 bbls water

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
Resumed: 6/23/88		Pumping, 2-1/2" x 1-1/4" x 16' THDP				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
7/2/88	24	pumping	→	78	67	5	859
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
---	40	→	78	67	5	33	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Sold

TEST WITNESSED BY

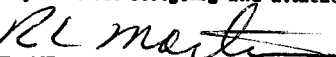
Jim Simonton

35. LIST OF ATTACHMENTS

None

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED


 R. L. Martin

TITLE

V.P. O/G Operations

DATE

7/8/88

*(See Instructions and Spaces for Additional Data on Reverse Side)

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells.
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

1. Type of Well: OIL ☒ GAS ☐ OTHER:

2. Name of Operator:
PETROGLYPH OPERATING COMPANY, INC.

3. Address and Telephone Number:
P. O. BOX 1807, Hutchinson, KS 67504-1807 316-665-8500

4. Location of Well
Footages: 1950'FWL & 2050'FNL

CO. Sec. T., R., M.: SENW 20- T5S-R3W, U.S.M.

5. Lease Designation and Serial Number:
14-20-H62-3508

6. If Indian, Allocated or Tribe Name:
UTE TRIBAL

7. Unit Agreement Name:
N/A

8. Well Name and Number:
Ute Tribal 3-20

9. API Well Number:
43-013-31175

10. Field and Pool, or Wildcat:
Antelope Creek Field
Green River Pool

County: DUCHESNE

State: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENT
(Submit in Duplicate)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Multiple Completion | <input type="checkbox"/> Water Shut-Off |
| <input checked="" type="checkbox"/> Other CHANGE OF OPERATOR | |

Approximate date of change 3-1-94

SUBSEQUENT REPORT
(Submit Original Form Only)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Other | |

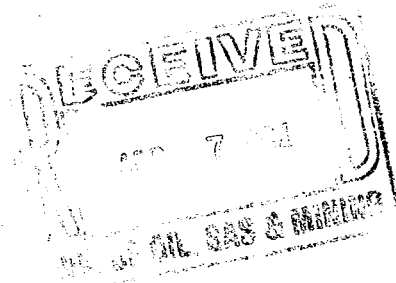
Date of work completion

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.

* Must be accompanied by a cement verification report.

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

change of operator from Evertson Oil Company, Inc. to Petroglyph Operating Company, Inc. effective 3-1-94



13. PETROGLYPH OPERATING COMPANY, INC.

Name & Signature:

Title: President

Date: 3-25-94

R. A. CHRISTENSEN

(This space for State use only)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Petroglyph Operating Company, Inc.

3. Address and Telephone No.

6209 N. Highway 61 Hutchinson, KS 67502 (316) 665-8500

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SENW 2050 FNL & 1950 FWL
20-5S-3W

5. Lease Designation and Serial No.

14-20-H62-3515

6. If Indian, Allottee or Tribe Name

Ute Indian Tribe

7. If Unit or CA, Agreement Designation

14-20-H62-4650

8. Well Name and No.

Ute Tribal 3-20

9. API Well No.

43-013-31175

10. Field and Pool, or Exploratory Area

Antelope Creek

11. County or Parish, State

Duchesne County, UT

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other well name change

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

In an effort to bring all of the existing wells and the anticipated wells to be drilled into a uniform numbering system, based on 40 acre locations, each well name will be changed to consist of its section location followed by the correct number of its well spot, based upon 16 wells per section.

Petroglyph Operating Company, Inc. would like to notify by subsequent report that the above referenced well name has been changed to Ute Tribal 20-06. This will be effective January 1, 1996.

14. I hereby certify that the foregoing is true and correct

Signed

Title

President

1/25/96

Date

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals

1 TYPE OF WELL	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____	5. LEASE DESIGNATION AND SERIAL NUMBER. 1420H624650
2. NAME OF OPERATOR.	PETROGLYPH OPERATING COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME: UTE INDIAN TRIBE
3. ADDRESS OF OPERATOR	PO BOX 607 CITY ROOSEVELT STATE UT ZIP 84066	7. UNIT or CA AGREEMENT NAME: 1420H623515
4. LOCATION OF WELL	FOOTAGES AT SURFACE: 1950 FWL, 2050 FNL	8. WELL NAME and NUMBER. UTE TRIBAL 20-06
	QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN SENW 20 T5S R3W U	9. API NUMBER: 4301331175
		10. FIELD AND POOL, OR WILDCAT: ANTELOPE CREEK FIELD

COUNTY: DUCHESNE

STATE: UTAH

11 CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____ <input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: _____	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> CHANGE WELL NAME <input checked="" type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> DEEPEN <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> PLUG BACK <input type="checkbox"/> PRODUCTION (START/RESUME) <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	<input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> WATER SHUT-OFF <input type="checkbox"/> OTHER _____

12 DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

PLEASE CHANGE THE WELL STATUS TO A POW EFFECTIVE: 7/1/2010

NAME (PLEASE PRINT) GLENDA DAVIS	TITLE OFFICE MANAGER
SIGNATURE <i>Glenda Davis</i>	DATE 7/13/2010


(This space for State use only)

JUL 14 2010

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 3

AMENDED REPORT ☐

APPLICATION FOR PERMIT TO DRILL						1. WELL NAME and NUMBER Ute Tribal 20-08					
2. TYPE OF WORK DRILL NEW WELL <input checked="" type="checkbox"/> REENTER P&A WELL <input type="checkbox"/> DEEPEN WELL <input type="checkbox"/>						3. FIELD OR WILDCAT ANTELOPE CREEK					
4. TYPE OF WELL Oil Well Coalbed Methane Well: NO						5. UNIT or COMMUNITIZATION AGREEMENT NAME ANTELOPE CREEK					
6. NAME OF OPERATOR PETROGLYPH OPERATING CO						7. OPERATOR PHONE 208 685-7685					
8. ADDRESS OF OPERATOR 960 Broadway Avenue, Ste 500, Boise, ID, 83703						9. OPERATOR E-MAIL ppowell@pgei.com					
10. MINERAL LEASE NUMBER (FEDERAL, INDIAN, OR STATE) 1420H623515				11. MINERAL OWNERSHIP FEDERAL <input type="checkbox"/> INDIAN <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>		12. SURFACE OWNERSHIP FEDERAL <input type="checkbox"/> INDIAN <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>					
13. NAME OF SURFACE OWNER (if box 12 = 'fee')						14. SURFACE OWNER PHONE (if box 12 = 'fee')					
15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')						16. SURFACE OWNER E-MAIL (if box 12 = 'fee')					
17. INDIAN ALLOTTEE OR TRIBE NAME (if box 12 = 'INDIAN') Ute Indian Tribe				18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS YES <input type="checkbox"/> (Submit Commingling Application) NO <input checked="" type="checkbox"/>		19. SLANT VERTICAL <input checked="" type="checkbox"/> DIRECTIONAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/>					
20. LOCATION OF WELL		FOOTAGES		QTR-QTR	SECTION	TOWNSHIP		RANGE	MERIDIAN		
LOCATION AT SURFACE		2008 FNL 745 FEL		SENE	20	5.0 S		3.0 W	U		
Top of Uppermost Producing Zone		2008 FNL 745 FEL		SENE	20	5.0 S		3.0 W	U		
At Total Depth		2008 FNL 745 FEL		SENE	20	5.0 S		3.0 W	U		
21. COUNTY DUCHESNE				22. DISTANCE TO NEAREST LEASE LINE (Feet) 745		23. NUMBER OF ACRES IN DRILLING UNIT 640					
				25. DISTANCE TO NEAREST WELL IN SAME POOL (Applied For Drilling or Completed) 1235		26. PROPOSED DEPTH MD: 6277 TVD: 6277					
27. ELEVATION - GROUND LEVEL 6385				28. BOND NUMBER LPM4138336		29. SOURCE OF DRILLING WATER / WATER RIGHTS APPROVAL NUMBER IF APPLICABLE 43-8342					
Hole, Casing, and Cement Information											
String	Hole Size	Casing Size	Length	Weight	Grade & Thread	Max Mud Wt.	Cement	Sacks	Yield	Weight	
Cond	20	14	0 - 54	5.0	Unknown	10.0	Class G	25	1.17	15.8	
Surf	12.25	8.625	0 - 494	24.0	J-55 ST&C	10.0	Class G	227	1.17	15.8	
Prod	7.875	5.5	0 - 6277	15.5	J-55 LT&C	10.0	Class G	476	1.92	12.5	
							Class G	343	1.46	13.4	
ATTACHMENTS											
VERIFY THE FOLLOWING ARE ATTACHED IN ACCORDANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES											
<input checked="" type="checkbox"/> WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER					<input checked="" type="checkbox"/> COMPLETE DRILLING PLAN						
<input type="checkbox"/> AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)					<input type="checkbox"/> FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER						
<input type="checkbox"/> DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY DRILLED)					<input checked="" type="checkbox"/> TOPOGRAPHICAL MAP						
NAME Ed Trotter				TITLE Agent			PHONE 435 789-4120				
SIGNATURE				DATE 06/03/2013			EMAIL edtrotter@easilink.com				
API NUMBER ASSIGNED 43013522230000				APPROVAL <div style="text-align: center;">  Permit Manager </div>							

RECEIVED: June 12, 2013

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623515
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500 , Boise, ID, 83703		8. WELL NAME and NUMBER: Ute Tribal 20-08
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2008 FNL 0745 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SENE Section: 20 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013522230000
PHONE NUMBER: 208 685-7685 Ext		9. FIELD and POOL or WILDCAT: ANTELOPE CREEK
COUNTY: DUCHESNE		STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR	
<input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion:	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME	
<input checked="" type="checkbox"/> SPUD REPORT Date of Spud: 10/7/2013	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> CONVERT WELL TYPE	
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> NEW CONSTRUCTION	
	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> PLUG BACK	
	<input type="checkbox"/> PRODUCTION START OR RESUME	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION	
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	<input type="checkbox"/> TEMPORARY ABANDON	
	<input type="checkbox"/> TUBING REPAIR	<input type="checkbox"/> VENT OR FLARE	<input type="checkbox"/> WATER DISPOSAL	
	<input type="checkbox"/> WATER SHUTOFF	<input type="checkbox"/> SI TA STATUS EXTENSION	<input type="checkbox"/> APD EXTENSION	
	<input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> OTHER	OTHER: <input style="width: 100px;" type="text"/>	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

 This well was spud on 10/7/2013 at approximately 11:30 A.M. Using a Bucket Rig (BR2) provided by Craig's Roustabout Service, Vernal UT, we set 60' of 16" Conductor. For additional information please contact our staff at 435-722-2531.

Accepted by the
 Utah Division of
 Oil, Gas and Mining
FOR RECORD ONLY
 October 09, 2013

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 10/7/2013	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9			
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623515			
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In			
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK			
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500, Boise, ID, 83703		8. WELL NAME and NUMBER: Ute Tribal 20-08			
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2008 FNL 0745 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SENE Section: 20 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013522230000			
9. FIELD and POOL or WILDCAT: ANTELOPE CREEK		COUNTY: DUCHESNE			
STATE: UTAH					
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA					
TYPE OF SUBMISSION <input checked="" type="checkbox"/> NOTICE OF INTENT Approximate date work will start: 12/10/2013 <input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: <input type="checkbox"/> SPUD REPORT Date of Spud: <input type="checkbox"/> DRILLING REPORT Report Date:	TYPE OF ACTION <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text"/> </td> </tr> </table>		<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text"/>
<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text"/>			
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc. Please see attached. <div style="text-align: right; margin-top: 20px;"> Accepted by the Utah Division of Oil, Gas and Mining Date: December 11, 2013 By: <u><i>Dark Quist</i></u> </div>					
NAME (PLEASE PRINT) Rodrigo Jurado		PHONE NUMBER 435 722-5302			
SIGNATURE N/A		TITLE Regulatory & Compliance Spc			
DATE 12/6/2013					

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3515
2. NAME OF OPERATOR: Petroglyph Operating Company Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute Indian Tribe
3. ADDRESS OF OPERATOR: P.O. Box 607 CITY Roosevelt STATE UT ZIP 84066		7. UNIT or CA AGREEMENT NAME: 14-20-H62-4650
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2008' FNL, 745' FEL		8. WELL NAME and NUMBER: Ute Tribal 20-08
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SENE 20 5S 3W U		9. API NUMBER: 4301352223
COUNTY: Duchesne		10. FIELD AND POOL, OR WILDCAT: Antelope Creek
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

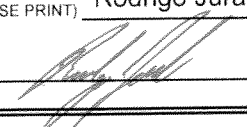
TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: 12/10/2013	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
<input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion:	<input type="checkbox"/> ALTER CASING	<input checked="" type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

On or around 12/10/2013, depending on equipment availability, Petroglyph Operating intends to perforate and fracture treat the following: 4764-72, 4848-63, 4918-21, 4934-40, 5069-71, 5126-30, 5230-34, 5240-44, 5383-87, 5430-38, 5442-45, 5463-65, 5467-72, 5474-76, 5496-98, 5506-10, 5512-19, 5521-28, 5602-07, 5662-64, 5681-87, 5694-96, 5770-75, 5847-49, 5975-79. We will perforate at 4 shots per foot and isolate zones using Halliburton 8K Composite Plugs. We plan complete the following stages:

5770-5979: 15,680 Gals of fluid containing 28,000#'s of sand,
5602-5696: 22,400 Gals of fluid containing 40,000#'s of sand,
5383-5528: 44,800 Gals of fluid containing 80,000#'s of sand,
5069-5244: 19,600 Gals of fluid containing 35,000#'s of sand,
4918-4940: 13,440 Gals of fluid containing 24,000#'s of sand,
4848-4863: 24,080 Gals of fluid containing 43,000#'s of sand,
4764-4772: 15,680 Gals of fluid containing 28,000#'s of sand.

This plan is tentative and will be adjusted as needed during completion operations. Volumes and amounts of sand are only estimates, actual figures will be reported at a later date. All plugs will be drilled out and the well swabbed as necessary.

NAME (PLEASE PRINT) <u>Rodrigo Jurado</u>	TITLE <u>Regulatory Compliance Specialist</u>
SIGNATURE 	DATE <u>12/5/2013</u>

(This space for State use only)

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623515
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500 , Boise, ID, 83703		8. WELL NAME and NUMBER: Ute Tribal 20-08
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2008 FNL 0745 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SENE Section: 20 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013522230000
PHONE NUMBER: 208 685-7685 Ext		9. FIELD and POOL or WILDCAT: ANTELOPE CREEK
COUNTY: DUCHESNE		STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION	OTHER: <input style="width: 100px;" type="text"/>
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 12/28/2013	<input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input checked="" type="checkbox"/> PRODUCTION START OR RESUME		
<input type="checkbox"/> SPUD REPORT Date of Spud:				
<input type="checkbox"/> DRILLING REPORT Report Date:				

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The date of first production for this well was 12-28-2013.

Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY
 January 03, 2014

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 12/30/2013	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623515
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: UTE
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500, Boise, ID, 83703		8. WELL NAME and NUMBER: Ute Tribal 20-08
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2008 FNL 0745 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SENE Section: 20 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013522230000
PHONE NUMBER: 208 685-7685 Ext		9. FIELD and POOL or WILDCAT: ANTELOPE CREEK
COUNTY: DUCHESNE		STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION	OTHER: <input style="width: 100px;" type="text"/>
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 12/28/2013				
<input type="checkbox"/> SPUD REPORT Date of Spud:				
<input type="checkbox"/> DRILLING REPORT Report Date:				

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Please see attached.

**Accepted by the
 Utah Division of
 Oil, Gas and Mining
 FOR RECORD ONLY
 March 20, 2014**

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 3/19/2014	

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3515
2. NAME OF OPERATOR: Petroglyph Operating Company Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute Indian Tribe
3. ADDRESS OF OPERATOR: P.O. Box 607 CITY Roosevelt STATE UT ZIP 84066		7. UNIT or CA AGREEMENT NAME: 14-20-H62-4650
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2008' FNL, 745' FEL COUNTY: Duchesne QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SENE 20 5S 3W U STATE: UTAH		8. WELL NAME and NUMBER: Ute Tribal 20-08 9. API NUMBER: 4301352223 10. FIELD AND POOL, OR WILDCAT: Antelope Creek

11 CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input checked="" type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: 12/28/2013	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

On 12/5/2013 Petroglyph Operating ran GR/CBL and found ETOC @ Surface, then on 12/10/2013 perforated the following: 5975-79, 5847-49, 5770-75, 5694-98, 5681-87, 5662-64, 5602-07, 5521-28, 5512-19, 5506-10, 5496-98, 5474-76, 5467-72, 5463-65, 5442-45, 5430-38, 5383-87, 5240-44, 5230-34, 5126-30, 5069-71, 4934-40, 4918-21, 4848-63, 4765-72 & 4764-72.

We isolated and fracture treated the following intervals:

5,770'-5,979': 433 Bbls of fluid containing 28,000#'s of sand,
 5,602'-5,698': 526 Bbls of fluid containing 40,000#'s of sand,
 5,383'-5,519': 835 Bbls of fluid containing 80,000#'s of sand,
 5,069'-5,244': 470 Bbls of fluid containing 35,000#'s of sand,
 4,918'-4,940': 345 Bbls of fluid containing 10,500#'s of sand,
 4,848'-4,863': 648 Bbls of fluid containing 41,100#'s of sand,
 4,764'-4,772': 441 Bbls of fluid containing 28,500#'s of sand.

Isolation plugs used were Halliburton 8K Composite Plugs, fluid used was Dyna 22 18# gelled fluid, sand used was 20/40 Mesh Premium White Sand and guns used were Titan 3-1/8", containing 22.7 gram charges, 0.42" EHD, 23.54" TTP @ 4 SPF @ 120* Phased. All plugs were drilled out and cleaned out to PBTD, 6,084' & The well was swabbed until a good oil cut was seen. We then ran a pump on 12/28/2013 and put to pump.

NAME (PLEASE PRINT) <u>Rodrigo Jurado</u>	TITLE <u>Regulatory Compliance Specialist</u>
SIGNATURE 	DATE <u>3/19/2014</u>

(This space for State use only)

31. INITIAL PRODUCTION

INTERVAL A (As shown in item #26)

DATE FIRST PRODUCED: 12/28/2013		TEST DATE: 2/6/2014		HOURS TESTED: 24		TEST PRODUCTION RATES: →		OIL – BBL: 77		GAS – MCF: 110		WATER – BBL: 15		PROD. METHOD: Rod Pump							
CHOKE SIZE: 38/64		TBG. PRESS. 700		CSG. PRESS. 800		API GRAVITY 39.70		BTU – GAS 1		GAS/OIL RATIO 1,429		24 HR PRODUCTION RATES: →		OIL – BBL: 77		GAS – MCF: 110		WATER – BBL: 15		INTERVAL STATUS: Open	

INTERVAL B (As shown in item #26)

DATE FIRST PRODUCED:		TEST DATE:		HOURS TESTED:		TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	INTERVAL STATUS:

INTERVAL C (As shown in item #26)

DATE FIRST PRODUCED:		TEST DATE:		HOURS TESTED:		TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	INTERVAL STATUS:

INTERVAL D (As shown in item #26)

DATE FIRST PRODUCED:		TEST DATE:		HOURS TESTED:		TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	INTERVAL STATUS:

32. DISPOSITION OF GAS (Sold, Used for Fuel, Vented, Etc.)

Used for Fuel

33. SUMMARY OF POROUS ZONES (Include Aquifers):

Show all important zones of porosity and contents thereof. Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

34. FORMATION (Log) MARKERS:

Formation	Top (MD)	Bottom (MD)	Descriptions, Contents, etc.	Name	Top (Measured Depth)
				Trona	2,821
				Mahogany	2,964
				Garden Gulch	3,660
				B Marker	4,051
				X Marker	4,530
				Y Marker	4,565
				Douglas Creek	4,671
				B Lime	5,044
				Castle Peak	5,626
				Basal Carbonate	6,038

35. ADDITIONAL REMARKS (Include plugging procedure)

All Frac and Perf Info is condensed. Please see NOI and Subsequent Frac Sundry for detailed record.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

NAME (PLEASE PRINT) Rodrigo JuradoTITLE Regulatory Compliance SpecialistSIGNATURE DATE 3/26/2014

This report must be submitted within 30 days of

- completing or plugging a new well
- drilling horizontal laterals from an existing well bore
- recompleting to a different producing formation
- reentering a previously plugged and abandoned well
- significantly deepening an existing well bore below the previous bottom-hole depth
- drilling hydrocarbon exploratory holes, such as core samples and stratigraphic tests

* ITEM 20: Show the number of completions if production is measured separately from two or more formations.

** ITEM 24: Cement Top – Show how reported top(s) of cement were determined (circulated (CIR), calculated (CAL), cement bond log (CBL), temperature survey (TS)).

Send to: Utah Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801


Phone: 801-538-5340

Fax: 801-359-3940

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 3

AMENDED REPORT ☐

APPLICATION FOR PERMIT TO DRILL						1. WELL NAME and NUMBER Ute Tribal 20-10					
2. TYPE OF WORK DRILL NEW WELL <input checked="" type="checkbox"/> REENTER P&A WELL <input type="checkbox"/> DEEPEN WELL <input type="checkbox"/>						3. FIELD OR WILDCAT ANTELOPE CREEK					
4. TYPE OF WELL Oil Well Coalbed Methane Well: NO						5. UNIT or COMMUNITIZATION AGREEMENT NAME ANTELOPE CREEK					
6. NAME OF OPERATOR PETROGLYPH OPERATING CO						7. OPERATOR PHONE 208 685-7685					
8. ADDRESS OF OPERATOR 960 Broadway Avenue, Ste 500, Boise, ID, 83703						9. OPERATOR E-MAIL ppowell@pgei.com					
10. MINERAL LEASE NUMBER (FEDERAL, INDIAN, OR STATE) 1420H623515				11. MINERAL OWNERSHIP FEDERAL <input type="checkbox"/> INDIAN <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>		12. SURFACE OWNERSHIP FEDERAL <input type="checkbox"/> INDIAN <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>					
13. NAME OF SURFACE OWNER (if box 12 = 'fee')						14. SURFACE OWNER PHONE (if box 12 = 'fee')					
15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')						16. SURFACE OWNER E-MAIL (if box 12 = 'fee')					
17. INDIAN ALLOTTEE OR TRIBE NAME (if box 12 = 'INDIAN') Ute Indian Tribe				18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS YES <input type="checkbox"/> (Submit Commingling Application) NO <input checked="" type="checkbox"/>		19. SLANT VERTICAL <input checked="" type="checkbox"/> DIRECTIONAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/>					
20. LOCATION OF WELL		FOOTAGES		QTR-QTR	SECTION	TOWNSHIP		RANGE	MERIDIAN		
LOCATION AT SURFACE		1906 FSL 2155 FEL		NWSE	20	5.0 S		3.0 W	U		
Top of Uppermost Producing Zone		1906 FSL 2155 FEL		NWSE	20	5.0 S		3.0 W	U		
At Total Depth		1906 FSL 2155 FEL		NWSE	20	5.0 S		3.0 W	U		
21. COUNTY DUCHESNE				22. DISTANCE TO NEAREST LEASE LINE (Feet) 1906		23. NUMBER OF ACRES IN DRILLING UNIT 640					
				25. DISTANCE TO NEAREST WELL IN SAME POOL (Applied For Drilling or Completed) 1069		26. PROPOSED DEPTH MD: 6261 TVD: 6261					
27. ELEVATION - GROUND LEVEL 6422				28. BOND NUMBER LPM4138336		29. SOURCE OF DRILLING WATER / WATER RIGHTS APPROVAL NUMBER IF APPLICABLE 43-8342					
Hole, Casing, and Cement Information											
String	Hole Size	Casing Size	Length	Weight	Grade & Thread	Max Mud Wt.	Cement	Sacks	Yield	Weight	
Cond	20	14	0 - 54	5.0	Unknown	10.0	Class G	25	1.17	15.8	
Surf	12.25	8.625	0 - 494	24.0	J-55 ST&C	10.0	Class G	227	1.17	15.8	
Prod	7.875	5.5	0 - 6261	15.5	J-55 LT&C	10.0	Class G	474	1.92	12.5	
							Class G	343	1.46	13.4	
ATTACHMENTS											
VERIFY THE FOLLOWING ARE ATTACHED IN ACCORDANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES											
<input checked="" type="checkbox"/> WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER					<input checked="" type="checkbox"/> COMPLETE DRILLING PLAN						
<input type="checkbox"/> AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)					<input type="checkbox"/> FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER						
<input type="checkbox"/> DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY DRILLED)					<input checked="" type="checkbox"/> TOPOGRAPHICAL MAP						
NAME Ed Trotter				TITLE Agent			PHONE 435 789-4120				
SIGNATURE				DATE 06/03/2013			EMAIL edtrotter@easilink.com				
API NUMBER ASSIGNED 43013522260000				APPROVAL  Permit Manager							

RECEIVED: June 12, 2013

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623515
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500 , Boise, ID, 83703		8. WELL NAME and NUMBER: Ute Tribal 20-10
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1906 FSL 2155 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWSE Section: 20 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013522260000
PHONE NUMBER: 208 685-7685 Ext		9. FIELD and POOL or WILDCAT: ANTELOPE CREEK
COUNTY: DUCHESNE		STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR	
<input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion:	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME	
<input checked="" type="checkbox"/> SPUD REPORT Date of Spud: 9/6/2013	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> CONVERT WELL TYPE	
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> NEW CONSTRUCTION	
	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> PLUG BACK	
	<input type="checkbox"/> PRODUCTION START OR RESUME	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION	
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	<input type="checkbox"/> TEMPORARY ABANDON	
	<input type="checkbox"/> TUBING REPAIR	<input type="checkbox"/> VENT OR FLARE	<input type="checkbox"/> WATER DISPOSAL	
	<input type="checkbox"/> WATER SHUTOFF	<input type="checkbox"/> SI TA STATUS EXTENSION	<input type="checkbox"/> APD EXTENSION	
	<input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> OTHER	OTHER: <input style="width: 100px;" type="text"/>	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

 This well was spud on 9/6/2013 at approximately 10:00 A.M. Using a Bucket Rig (BR 2) provided by Craig's Roustabout Service-Vernal UT, we set 60' of 16" Conductor. For additional information please contact our staff at 435-722-2531.

Accepted by the
 Utah Division of
 Oil, Gas and Mining
FOR RECORD ONLY
 September 09, 2013

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 9/6/2013	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9			
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623515			
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In			
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK			
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500, Boise, ID, 83703		8. WELL NAME and NUMBER: Ute Tribal 20-10			
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1906 FSL 2155 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWSE Section: 20 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013522260000			
9. FIELD and POOL or WILDCAT: ANTELOPE CREEK		COUNTY: DUCHESNE			
STATE: UTAH					
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA					
TYPE OF SUBMISSION <input checked="" type="checkbox"/> NOTICE OF INTENT Approximate date work will start: 12/17/2013 <input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: <input type="checkbox"/> SPUD REPORT Date of Spud: <input type="checkbox"/> DRILLING REPORT Report Date:	TYPE OF ACTION <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text"/> </td> </tr> </table>		<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text"/>
<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text"/>			
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc. Please see attached. <div style="text-align: right; margin-top: 20px;"> Accepted by the Utah Division of Oil, Gas and Mining Date: December 11, 2013 By: <u><i>Dark Quist</i></u> </div>					
NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc			
SIGNATURE N/A	DATE 12/6/2013				

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____			5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3515
2. NAME OF OPERATOR: Petroglyph Operating Company Inc.			6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute Indian Tribe
3. ADDRESS OF OPERATOR: P.O. Box 607 CITY Roosevelt STATE UT ZIP 84066			7. UNIT or CA AGREEMENT NAME: 14-20-H62-4650
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1906' FSL, 2145' FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NWSE 20 5S 3W U			8. WELL NAME and NUMBER: Ute Tribal 20-10
PHONE NUMBER: (435) 722-2531			9. API NUMBER: 4301352226
			10. FIELD AND POOL, OR WILDCAT: Antelope Creek
			COUNTY: Duchesne
			STATE: UTAH

CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA


TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: 12/17/2013	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input checked="" type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion:	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

On or around 12/17/2013, depending on equipment availability, Petroglyph Operating intends to perforate and fracture treat the following: 4216-22, 4252-60, 4366-69, 4447-51, 4455-57, 4472-78, 4485-89, 4672-75, 4727-30, 4764-68, 5070-72, 5105-09, 5339-48, 5356-60, 5364-70, 5454-62, 5480-86, 5659-61, 5679-81, 5679-81, 5689-91 & 5764-67. We will perforate at 4 shots per foot and isolate zones using Halliburton 8K Composite Plugs. We plan complete the following stages:

5659-5767: 13,440 Gals of fluid containing 24,000#'s of sand,
 5454-5486: 21,280 Gals of fluid containing 38,000#'s of sand,
 5339-5370: 29,120 Gals of fluid containing 52,000#'s of sand,
 5070-5109: 8,960 Gals of fluid containing 16,000#'s of sand,
 4672-4768: 15,120 Gals of fluid containing 27,000#'s of sand,
 4366-4489: 30,800 Gals of fluid containing 55,000#'s of sand
 4216-4260: 21,280 Gals of fluid containing 38,000#'s of sand.

This plan is tentative and will be adjusted as needed during completion operations. Volumes and amounts of sand are only estimates, actual figures will be reported at a later date. All plugs will be drilled out and the well swabbed as necessary.

NAME (PLEASE PRINT) <u>Rodrigo Jurado</u>	TITLE <u>Regulatory Compliance Specialist</u>
SIGNATURE 	DATE <u>12/5/2013</u>

(This space for State use only)

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623515
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500 , Boise, ID, 83703		8. WELL NAME and NUMBER: Ute Tribal 20-10
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1906 FSL 2155 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWSE Section: 20 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013522260000
9. FIELD and POOL or WILDCAT: ANTELOPE CREEK		COUNTY: DUCHESNE
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION	OTHER: <input style="width: 100px;" type="text"/>
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 1/10/2014	<input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input checked="" type="checkbox"/> PRODUCTION START OR RESUME		
<input type="checkbox"/> SPUD REPORT Date of Spud:				
<input type="checkbox"/> DRILLING REPORT Report Date:				

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The date of first production for this well was 01/10/2014.

Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY
 January 14, 2014

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 1/13/2014	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623515
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: UTE
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500, Boise, ID, 83703		8. WELL NAME and NUMBER: Ute Tribal 20-10
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1906 FSL 2155 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWSE Section: 20 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013522260000
9. FIELD and POOL or WILDCAT: ANTELOPE CREEK		COUNTY: DUCHESNE
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION	OTHER: <input style="width: 100px;" type="text"/>
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 1/4/2014				
<input type="checkbox"/> SPUD REPORT Date of Spud:				
<input type="checkbox"/> DRILLING REPORT Report Date:				

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Please see attached.

Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY
 March 20, 2014

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 3/19/2014	

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3515
2. NAME OF OPERATOR: Petroglyph Operating Company Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute Indian Tribe
3. ADDRESS OF OPERATOR: P.O. Box 607 CITY Roosevelt STATE UT ZIP 84066		7. UNIT or CA AGREEMENT NAME: 14-20-H62-4650
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1906' FSL, 2155' FEL		8. WELL NAME and NUMBER: Ute Tribal 20-10
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NWSE 20 5S 3W U		9. API NUMBER: 4301352226
COUNTY: Duchesne		10. FIELD AND POOL, OR WILDCAT: Antelope Creek
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input checked="" type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: 1/4/2014	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

On 12/18/2013 Petroglyph Operating ran GR/CBL and found ETOC @ Surface, then on 12/19/2013 perforated the following: 5764-67, 5689-91, 5679-81, 5659-61, 5480-86, 5454-62, 5364-70, 5356-60, 5339-48, 5105-09, 5070-72, 4764-68, 4727-30, 4672-75, 4485-89, 4472-78, 4455-57, 4447-51, 4366-69, 4252-60 & 4216-22. We isolated and fracture treated the following: 5,659'-5,767': 513 Bbbs of fluid containing 24,320#'s of sand, 5,454'-5,486': 548 Bbbs of fluid containing 38,370#'s of sand, 5,339'-5,370': 599 Bbbs of fluid containing 52,310#'s of sand, 5,070'-5,109': 386 Bbbs of fluid containing 15,590#'s of sand, 4,672'-4,768': 441 Bbbs of fluid containing 27,110#'s of sand, 4,366'-4,489': 639 Bbbs of fluid containing 55,350#'s of sand, 4,216'-4,260': 495 Bbbs of fluid containing 36,530#'s of sand. Isolation plugs used were Halliburton 8K Composite Plugs, fluid used was Delta 140 18# gelled fluid, sand used was 20/40 Mesh Premium White Sand and guns used were Titan 3-1/8", containing 22.7 gram charges, 0.42" EHD, 23.54" TTP @ 4 SPF @ 120* Phased. All plugs were drilled out and cleaned out to PBTD, 6,078' & The well was swabbed until a good oil cut was seen. We then ran a pump on 1/4/2014 and put to pump.

NAME (PLEASE PRINT) <u>Rodrigo Jurado</u>	TITLE <u>Regulatory Compliance Specialist</u>
SIGNATURE 	DATE <u>3/19/2014</u>

(This space for State use only)

31. INITIAL PRODUCTION

INTERVAL A (As shown in item #26)

DATE FIRST PRODUCED: 1/10/2014	TEST DATE: 2/7/2014	HOURS TESTED: 24	TEST PRODUCTION RATES: →	OIL – BBL: 97	GAS – MCF: 83	WATER – BBL: 146	PROD. METHOD: Rod Pump
CHOKE SIZE: 34/64	TBG. PRESS. 80	CSG. PRESS. 90	API GRAVITY 40.20	BTU – GAS 1	GAS/OIL RATIO 856	24 HR PRODUCTION RATES: →	INTERVAL STATUS: Open

INTERVAL B (As shown in item #26)

DATE FIRST PRODUCED:	TEST DATE:	HOURS TESTED:	TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	INTERVAL STATUS:

INTERVAL C (As shown in item #26)

DATE FIRST PRODUCED:	TEST DATE:	HOURS TESTED:	TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	INTERVAL STATUS:

INTERVAL D (As shown in item #26)

DATE FIRST PRODUCED:	TEST DATE:	HOURS TESTED:	TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	INTERVAL STATUS:

32. DISPOSITION OF GAS (Sold, Used for Fuel, Vented, Etc.)

Used for Fuel

33. SUMMARY OF POROUS ZONES (Include Aquifers):

Show all important zones of porosity and contents thereof. Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

34. FORMATION (Log) MARKERS:

Formation	Top (MD)	Bottom (MD)	Descriptions, Contents, etc.	Name	Top (Measured Depth)
				Trona	2,810
				Mahogany	2,962
				Garden Gulch	3,652
				B Marker	4,044
				X Marker	4,532
				Y Marker	4,568
				Douglas Creek	4,672
				B Lime	5,045
				Castle Peak	5,620
				Basal Carbonate	6,034

35. ADDITIONAL REMARKS (Include plugging procedure)

All Frac and Perf Info is condensed. Please see NOI and Subsequent Frac Sundry for detailed record.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

NAME (PLEASE PRINT) Rodrigo JuradoTITLE Regulatory Compliance SpecialistSIGNATURE DATE 3/26/2014

This report must be submitted within 30 days of

- completing or plugging a new well
- drilling horizontal laterals from an existing well bore
- recompleting to a different producing formation
- reentering a previously plugged and abandoned well
- significantly deepening an existing well bore below the previous bottom-hole depth
- drilling hydrocarbon exploratory holes, such as core samples and stratigraphic tests

* ITEM 20: Show the number of completions if production is measured separately from two or more formations.

** ITEM 24: Cement Top – Show how reported top(s) of cement were determined (circulated (CIR), calculated (CAL), cement bond log (CBL), temperature survey (TS)).

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